

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
03-002

2. STATE  
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
~~January 1, 2003~~ **March 26, 2003**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 440

7. FEDERAL BUDGET IMPACT:

a. FFY \$0

b. FFY \$0

This change is expected to cause a reduction in federal expenditures.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attached Sheet to Attachment 3.1A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attached Sheet to Attachment 3.1A, Page 1

10. SUBJECT OF AMENDMENT:

Inpatient length of stay requirements

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Does not wish to comment

13. TYPED NAME: Virginia Stonkus

14. TITLE: Acting Director, Division of Medical Assistance

15. DATE SUBMITTED: **March 20, 2003**

16. RETURN TO:  
Division of Medical Assistance  
PO Box 110660  
Juneau, AK 99811-0660

17. DATE RECEIVED: **MAR 24 2003**

18. DATE APPROVED: ~~03/26/03~~ **06/06/03**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **MAR 28 2003**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Karen S. O'Connor**

22. TITLE

23. REMARKS:

**Associate Regional Administrator  
Division of Medicaid &  
Children's Health**

**P & I changes authorized by the State on 3/26/03**

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**Description of Service Limitations**

1. **INPATIENT HOSPITAL SERVICES:** All hospitalization must be physician-prescribed *and authorized by the division, or its designee, prior to admission*. The maximum hospital length of stay for any single admission is three days, except psychiatric admissions authorized by the division's utilization review contractor, and maternal and newborn hospital stays related to childbirth which are limited to 48 hours of inpatient stay for a normal vaginal delivery and 96 hours of inpatient stay for a cesarean delivery. *Prior authorization is required for hospitalization beyond three days*. Selected surgical procedures and selected medical diagnoses require preadmission certification from the Provider Review Organization (PRO).

Organ transplants must be prior authorized by the division or its designee. Coverage for organ transplants is limited to kidney, corneal, skin, bone, and bone marrow transplants for adults and children under 21; liver transplants for adults and children under 21 with biliary atresia or other form of end-stage liver disease; and heart transplants for children under 21. Coverage for transplants also extends to coverage for outpatient immunosuppressive therapy. Organ transplants and requisite related medical care will be covered at an available transplant center either within the state or at a transplant center located outside the state that has been authorized by the division.

2. a. **OUTPATIENT HOSPITAL SERVICES:** "Outpatient hospital services" excludes services not generally furnished by most hospitals in the state, such as outpatient psychiatric and substance abuse treatment services.
3. **LABORATORY AND X-RAY SERVICES:** Laboratory and X-ray services must be ordered by a physician. Medically necessary diagnostic mammograms are covered. Screening mammograms are covered at the age and frequency schedule of the American Cancer Society, as provided in state statute.
4. a. **NURSING FACILITY:** Placement in a nursing facility providing a skilled level of nursing care requires prior authorization by the Division of Medical Assistance.
4. b. **EPSDT – ENHANCED SERVICES:**
- (1) Private duty nursing services are limited to children who are either recently discharged from or admissible to an acute care or long-term-care facility. Services must be prior authorized; provided by a private nursing agency, a home health agency, or a hospice agency, must be less than 24 hours per day; and, when combined with the other Medicaid services the child uses, cannot exceed the cost of institutionalization.
  - (2) Podiatry services are limited to services prescribed by a physician that relate to a specific condition of the ankle or foot.